



## Montana Youth Leadership Forum

[www.montanaylf.org](http://www.montanaylf.org)

### VOLUNTEER STAFF APPLICATION

Deadline – April 3, 2009

Staff Dates: Sunday July 12, 2009 through Friday, July 17, 2009

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Telephone (cellular): \_\_\_\_\_ Telephone (work) : \_\_\_\_\_

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#### Applicant YLF Status Check All that apply:

\_\_\_\_ New Staff Applicant

\_\_\_\_ YLF Alumini, if checked year attended YLF \_\_\_\_\_

\_\_\_\_ Former YLF staff member, if checked year(s) on staff \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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#### Background check information

Social Security Number \_\_\_\_\_

Birthday: \_\_\_\_\_

The above information will only be used to do a criminal background check as required by Montana State laws pertaining to volunteers who work with minors. By signing below you give the MYLF Advisory Council permission to conduct the background checks as necessary for your participation in the 2008 YLF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**EDUCATION**

High School: \_\_\_\_\_ Dates: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Post High School \_\_\_\_\_ Dates: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Post High School \_\_\_\_\_ Dates: \_\_\_\_\_ Course of Study: \_\_\_\_\_

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**WORK HISTORY**

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ Position: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ Position: \_\_\_\_\_

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**EXPERIENCE WITH INDIVIDUALS WITH DISABILITIES (include any previous YLF staffs)**

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**SPECIAL INTEREST, TALENTS AND ABILITIES**

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\_\_\_\_\_

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**REFERENCES (please list three, include telephone number)**

**\*\*References are only required for first-time applicants for staff positions of MYLF.**

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**If selected I will be available for all staff training and other designated/assigned responsibilities as a staff member for the Youth Leadership Forum beginning at 3:00 p.m., Sunday, July 12, 2009 through 12:00 p.m., Friday, July 17, 2009. I also agree to follow all Carroll College resident hall rules and regulations pertaining to my participation in YLF.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you will have any accessibility or accommodation needs during the week please describe below.

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(If you have **no** accessibility or accommodation requirements please indicate such by a negative response.)



Distributed by:  
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